

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/93361
FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			A		B	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3							53				
4		3					54				
5		0					55				
6		0					56				
7		0					57				
8		0					58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
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18							68				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.		3					TOTAL DEP.				
TOTAL CLAIMS	1	3					TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS